

**MISSOURI DEPARTMENT OF TRANSPORTATION
CONSTRUCTION/MATERIALS**

EROSION CONTROL PROJECT INSPECTION RECORD

Inspection Type (Weekly/Runoff event) _____ Date of Inspection _____ Record No. _____

Job No. _____ Route _____ County _____

Date of last runoff event _____ Amount of Rainfall since last report (inches) _____

Disturbed Area on Project _____ Authorized Area on Project _____ Acres/Hectares

Are all required BMP's installed? YES/NO _____ If NO, list location(s) and Type of BMP required.

Are all installed BMP's properly maintained? (YES/NO) _____ If NO, list locations - describe deficiencies

Have all deficient BMP's from the last report been corrected within 7 days? (YES/NO or N/A)

If NO, explain why with narrative and photos.

Are there areas where land disturbance operations have permanently or temporarily stopped? YES/NO

If YES, list where these areas are located and note if temp or perm? (Attach additional sheets if necessary.)

Inspector Name: _____

Date Signed: _____

Inspec Signature: _____

RE Name: _____

RE Signature: _____

Distribution: ☐ Contractor ☐ District Office ☐ Project Office ☐ Inspector